

Orientation Completed: \_\_\_\_\_

**BIRMINGHAM VA MEDICAL CENTER  
VOLUNTEER APPLICATION FORM  
2009 NATIONAL VETERANS GOLDEN AGE GAMES  
(PLEASE PRINT)**

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male ☐ Female ☐ DOB \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ Cell Telephone (\_\_\_\_) \_\_\_\_\_  
(MM/DD/YR)

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
(Name, Relationship, and Telephone Number)

Organization Membership: \_\_\_\_\_ (i.e., DAV, VFW, etc.) (Org Code: \_\_\_\_\_)  
To be completed by VAVS

Dates Available:\_\_\_\_\_ Times Available:\_\_\_\_\_

T-shirt Size:    Small ☐      Medium ☐      Large ☐      X-Large ☐      XX-Large ☐      XXX-Large ☐

Do you have any physical restrictions or limitations that would restrict your volunteer activities? Yes ☐ No ☐  
If yes, please explain: \_\_\_\_\_

Please indicate your preference for volunteer activities:

## Registration

- ☐ of Participants (800)M  
☐ of Volunteers (801)S-S

- ☐ Transportation (808) S-S
- ☐ Set-Up (809)S-S
- ☐ Wheelchair Repair (869)S-S

- ☐Memorabilia ( 807) S-S
- ☐ Misc. Duty (848) S-S

- ☐ Medical Support (836) S-S  
☐ Clinical ☐ Clerical  
☐ Escorts ☐ Prosthetics  
☐ Medical Transportation

## Command Center S-S

- ☐ Command Center (868)
- ☐ Communications/Information (855)
- ☐ Data Management (827)

## Media Center S-S

- ☐ Media Support (829)
- ☐ Hometown News (830)
- ☐ Newsletter (831)
- ☐ Media/Photography (832)

## Ceremonies

- ☐ Opening Ceremonies (823) M
- ☐ Closing Ceremonies (824) F
- ☐ Coach's Reception (825) W
- ☐ Sponsor's Dinner (825) S

## Hospitality

- ☐ Airport Hospitality (802) S&S
- ☐ Meal Assist (803) S-S
- ☐ Hotel Hospitality (804) S-S
- ☐ Greeter (828) S-S
- ☐ Baggage Handler (871) S&S
- ☐ Bus Tour Guides (808) Tu/W/Th
- ☐ Directional Greeter (855) S-S

**Events** (You Cannot Choose more than one event per day)

- ☐ Golf (813) Tu
- ☐ Checkers (816) Tu
- ☐ Bicycling (819) Tu
- ☐ Bowling (815) Tu
- ☐ Swimming (812) Th
- ☐ Croquet (817) W
- ☐ Bingo (833) W

- ☐ Horseshoes (810) Th
- ☐ Dominoes (811) Th
- ☐ Nine-Ball (852) Th
- ☐ Shuffleboard (818) W
- ☐ Table Tennis (820) W
- ☐ Air Rifle (814) F
- ☐ Shot Put (814) F
- ☐ Discus Throw (814) F

## Entertainment

- ☐ Dance one (833) M ☐   
☐ Dance two (833) W ☐ M   
☐ Cyber Café (855) M-F ☐ I   
☐ Museum of Art (805)W/Th   
☐ Civil Rights Institute (805)W/Th   
☐ Vulcan Park (805)W/Th   
☐ Barbers Motor Speedway/Museum (805) T

## Awards

- ☐ Medal Ceremony one (557)W  
☐ Medal Ceremony two (557)Th  
☐ Medal Ceremony three (557)F

**S-S = Sunday thru Saturday**  
**S&S=Only Sun 31st) & Sat (6th)**  
**M=Mon, Tu=Tues, W=Wed,**  
**Th=Thurs, F=Fri,**

(continued)



The information requested on this form is solicited under authority of Title 38, Section 213, United States Code, "Veterans' Benefits," and will be used to assist the recording of your Voluntary Service hours with the VA. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish this information will result in our inability to maintain proper records of your voluntary service. Failure to furnish this information will have no adverse effect on any other benefits to which you may be entitled

I understand and agree to abide by the following factors which will be discussed with me: volunteer rights and responsibilities, reporting hours, fire/safety rules and regulations, reporting of special incidents, infection control, blood borne pathogens, hazard communication, equipment and utility management, and confidentiality.

I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (NOTE: VA has entered into this agreement by the authority of 38 U.S.C., Section 513. This agreement may be canceled by either party upon written notice.).

**For Birmingham VAMC Staff Only:**

**I FURTHER UNDERSTAND THAT I WILL BE GRANTED AUTHORIZED ABSENCE DURING MY REGULAR WORK SCHEDULE (AFTER APPROPRIATE REQUEST HAS BEEN SUBMITTED AND APPROVED). HOURS WORKED BEYOND THE NORMAL WORKDAY OR ON WEEKENDS WILL BE CONSIDERED STRICTLY VOLUNTEER HOURS AND I UNDERSTAND THAT I WILL NOT BE PAID OVERTIME, COMPENSATORY TIME, PREMIUM PAY OR DIFFERENTIAL PAY**

*I voluntarily and without compensation authorize pictures and/or voice recording to be made of me by or on my behalf of VA, VFW, VCS, US military publications, and other magazines, veterans' publications, newspapers, and broadcast media, etc. while I am a volunteer in the 23rd National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said pictures and/or voice recordings are intended to publicize and give recognition to the National Veterans Golden Age Games*

**\*\*Volunteers must work four (4) hours or more to earn a meal.**

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(Signature of Volunteer)

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(Date)

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(Signature of Chief, Voluntary Service/designee)

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(Date)

Please submit completed application to:

**Birmingham VA Medical Center  
NVGAG Volunteer – 135  
700 South 19<sup>th</sup> Street  
Birmingham, AL 35233**

**Volunteer Hotline Phone (205)933-4396  
Volunteer Hotline Fax (205) 933-4474**